

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>W</i>	<i>JG 906</i>	<i>10 8-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>09 18 01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	
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Claim	Date
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150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE CO**